

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-015949

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2416

FILED MAY 13 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN KANSAS CITY

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)

a. STATE KANSAS

b. COUNTY ATCHISON

c. CITY OR TOWN ATCHISON

d. STREET ADDRESS

(If outside, give location)

Inside Limits  
Yes ☐ No ☐

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First FRANCIS

Middle B

Last BURGER

4. DATE OF DEATH

Month APRIL Day 23 Year 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/21/1894

9. AGE (last birthday)

68

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MANAGER

10b. KIND OF BUSINESS OR INDUSTRY

HOTEL ATCHISON

11. BIRTHPLACE (City and state or country)

—

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

—

13b. MOTHER'S MAIDEN NAME

—

14. NAME OF HUSBAND OR WIFE

—

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)

—

16. SOCIAL SECURITY NO.

—

17. INFORMANT

RAY MILASHOSKI CREVE COEUR ILLINOIS

Address

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY THROMBOSIS

INTERVAL BETWEEN ONSET AND DEATH

10 MIN

DUE TO (b)

(PROBABLE) POST OPERATIVE BLADDER TUMOR

4 days

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

CARCINOMA - URINARY BLADDER FIRST DIAGNOSED 1956

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from JUNE 1956 to APR. 23 '63 and last saw her alive on APR 23, 1963  
Death occurred at 6:25 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
A. Lloyd Stockwell M.D.

22b. ADDRESS

1109 Professional Bldg

22c. DATE SIGNED

4/24/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

APR 24 1963

23c. NAME OF CEMETERY OR CREMATORY

—

23d. LOCATION (City, town, or county)

PERIN

ILLINOIS

24. FUNERAL DIRECTOR

DW. NEWCOMER'S SONS, 1391-BRUSH CREEK, KANSAS CITY, MO

ADDRESS

25. DATE RECD. BY LOCAL REG.

4-24-63

26. REGISTRAR'S SIGNATURE

Chith Long

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF A LLOYD STOCKWELL MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Vern Lawler

Licensed Embalmer No. 4915

P. O. Address 156 Two

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. Arthur H. Stockwell  
Metaphysical - General Embalmer  
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